

Yakama Nation Application Check List

When completing your application please be sure to do the following:

✓ Complete application, print & sign. (received application via email)
Print clearly, use Black/Blue Ink.

✓ Make certain all information is legible.

✓ If you have a resume, please include a copy.
*Note: Application must be filled out completely.

✓ If you have a driver's license, please list your number.

✓ **DO NOT WRITE ANY JOB ANNOUNCEMENT NUMBERS ON THE APPLICATION.**



Mandatory Attachments:

✓ Proof of all formal education; to include diploma, GED, degrees, and transcripts. (If applicable)

✓ Provide your Tribal I.D. (If applicable)

✓ Please provide proper documentation for spouse of enrolled member, descendant, etc.

✓ Provide Driver's License (If applicable)

✓ Provide Social Security Card.

✓ If you are claiming to be a Veteran, please attach your DD 214.



*** Note copies of identification are required. Applications will not be accepted without proper identification. NO EXCEPTIONS!**

***** Remember, applications are kept on file for six (6) months. It is your responsibility to keep up-dated. *****

Thank you
Yakama Nation Human Resource Office

YAKAMA NATION APPLICATION FOR EMPLOYMENT

Name:		Other Names Used:		Date of Birth:	
Mailing Address:			City:		State: Zip Code:
Last 4 digits of SS No.: XXX-XX-	Email Address:		Phone:		Phone:
Valid WA St. Driver's License? Yes No		Driver License No.:		No Yes	

EDUCATIONAL:

	Name	City/State	Years Attended	Did you Graduate?	Diploma or Degree received
High School:					
Trade or Business School:					
College:					
Other (GED, training):					

Describe Any Specialized Training, Apprenticeships, Skills, and Other Training Activities: (Include Dates)

List Any Honors That You Have Received:

INDIAN PREFERENCE: *Provide proof of eligibility with this application.*

A. Tribe: _____ Enrollment No.: _____

B. Enrolled Indian Spouse of a Yakama Enrolled Member. Your Tribe/Enrollment No.: _____
Spouses Name/Enrollment No.: _____

C. Descendent of an enrolled Yakama Member (*attach proof from YN Enrollment Office*)
Enrolled Members Name/Enrollment No.: _____

D. Spouse of a Yakama Enrolled Member. I am not enrolled with any federally recognized tribe.
Spouse Name/Enrollment No.: _____

MINORS: *****Please Provide Copy***** If you are under (18) years of age, must have parent/guardian sign a work permit.

IMMIGRATION: : If selected for employment with the Yakama Nation, you will be required to provide documentation stating you are authorized to work in the United States.

VETERAN PREFERENCE: The Yakama Nation recognizes honorable military service.
*****Please provide a copy of your DD-214 with this application.***** Provided: Yes No

SELECTIVE SERVICE: Males born after 12/31/59 who are 18 but not yet 26 years old must be registered with Selective Service.
Please provide **Selective Service No.:** _____

REFERENCES: (Attach letters of reference-optional.)

Name of Reference:	Address	Phone No.:

MISCELLANEOUS: Have you committed any crime or felony that would prevent you from working for the Yakama Nation?
Yes No If yes, provide explanation: _____

*****IMPORTANT ~ PLEASE READ THE FOLLOWING STATEMENT BEFORE SIGNING*****

Information provided in this application is true, correct, and complete. I understand that, if employed, any misinformation or omission of fact pertaining to this application could result in dismissal. I understand that acceptance of an oral offer of employment does not create a contractual obligation and that conditions of employment are pursuant to the Yakama Nation Personnel Policy Manual. I understand that the Yakama Nation is a Drug-Free Work Place and a pre-employment drug and alcohol test is required. I hereby give my permission to the Yakama Nation to conduct a background check, confer with previous/current employers and references, and confirm my education and/or credit background as required.

*The disclosure of your Social Security Number and Veteran status' are voluntary. However, failure to supply a Social Security Number may result in errors in processing your application.

PLEASE PRINT YOUR FULL NAME: _____

SIGNATURE: _____

YAKAMA NATION APPLICATION FOR EMPLOYMENT

Note to Applicant: Application must be filled out completely. Do not put REFER TO RESUME

COMPANY/PROGRAM NAME/ADDRESS:	Phone & Salary:	\$
	Title:	
	Dates of Employment:	
	Supervisor:	
Reason for Separation:		
Duties:		
COMPANY/PROGRAM NAME/ADDRESS:	Phone & Salary:	\$
	Title:	
	Dates of Employment:	
	Supervisor:	
Reason for Separation:		
Duties:		
COMPANY/PROGRAM NAME/ADDRESS:	Phone & Salary:	\$
	Title:	
	Dates of Employment:	
	Supervisor:	
Reason for Separation:		
Duties:		
COMPANY/PROGRAM NAME/ADDRESS:	Phone & Salary:	\$
	Title:	
	Dates of Employment:	
	Supervisor:	
Reason for Separation:		
Duties:		
COMPANY/PROGRAM NAME/ADDRESS:	Phone & Salary:	\$
	Title:	
	Dates of Employment:	
	Supervisor:	
Reason for Separation:		
Duties:		
ATTACH ADDITIONAL SHEETS AS NECESSARY FOR WORK EXPERIENCE WE MAY CONTACT THE EMPLOYERS LISTED ABOVE UNLESS YOU INDICATE OTHERWISE (BELOW):		
Do Not Contact:	Reason:	
<p>TO APPLY: Mail or Submit completed application with required attachments. Yakama Nation Human Resource Office, P.O. Box 151, Toppenish, WA 98948. (509) 865-5121 Ext. 4381 Applications must be submitted BEFORE the Deadline Date in order to be considered for employment!!</p>		

YAKAMA NATION APPLICATION FOR EMPLOYMENT

*****Applications are kept on file for 6 months*****

SUPPLEMENTAL INFORMATION SHEET

NAME: _____

Please check applicable qualifications:

	Spreadsheet		Data Base
	Bookkeeping		Desk-Top Computer Operation
	Accounting		Writing Skill
	JD Edwards Experience		Typing: <input type="text"/> WPM
	Transcribing		10-key: <input type="text"/> WPM
	Communication Skill		Hand Tools
	Supervision		Chainsaw Operation
	Management		Power Hand Tools
	Heavy Equipment Operation		Bi-Lingual
	Please Specify:		Please Specify:

Provide Copies of the Following:

	Driver's License		WA State ID (Only if no Driver's License)
	Combination Driver's License		CPR Certified
	First Aid Card		Food Handler's Permit

Official Copies of Certificates/Degree's

	Associate Degree		Bachelor's Degree
	Masters Degree		PHD
	Juris Doctorate		Vocational Certificate

Other information that would be helpful to your employment, please be specific: